

Credit Card Balance Transfer Form

Transfer your high-rate credit card balances to your Seaport Federal Credit Union Visa Credit Card. The requested transfers cannot exceed your established credit limit.

1. Complete the information below
2. Return this form and a copy of your most recent credit card bills to Seaport FCU.
3. Your credit card statement will show a payment for the transferred amount(s).
4. Send a completed form and copies of your credit card bills to:

**Seaport FCU Visa Department, 5080 McLester St., Elizabeth, NJ 07201,
or fax documents to (908) 558-6482**

Member Name:	_____
Seaport FCU Visa Account Number:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Home Phone:	____-____-_____ Mobile: ____-____-_____

Balance Transfer 2	
Creditor Name:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Account Type (ie: Discover, American Express):	_____
Account Number:	_____
Verify Account Number:	_____
Amount:	_____

Balance Transfer 2	
Creditor Name:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Account Type (ie: Discover, American Express):	_____
Account Number:	_____
Verify Account Number:	_____
Amount:	_____

Attach additional forms if necessary.

Member's Signature: X _____	Date: _____
NOTE: Existing Seaport FCU balances not eligible for balance transfers.	